



INTERNATIONAL SCHOOL OF THE SACRED HEART

4-3-1 Hiroo, Shibuya-ku, Tokyo 150-0012 Japan

Tel: 03-3400-3951 Fax: 03-3400-3496

E-mail: info@iss.ac.jp Web: http://www.iss.ac.jp

Application Form- Middle School/High School (Grade 5-12)

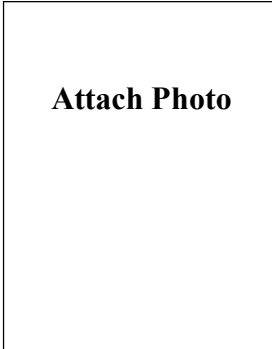
Applicant's Name: _____
Family Name First Middle

Current Grade: _____ Applying for Grade: _____ Date to Enter Sacred Heart: ____/____/____
yyyy mm dd

Date of Birth: ____/____/____ Place of Birth: _____
yyyy mm dd

Citizenship: _____ Religion: _____

Home Address: _____
_____ Post Code: _____



Home Phone: _____ Anticipated Length of stay: _____

English Ability: Fluent Limited Nil

First Language: _____ Language(s) spoken at home: _____

Mother's Name: _____ Father's Name: _____

Citizenship: _____ Citizenship: _____

Religion: _____ Religion: _____

Company: _____ Company: _____

Profession/Title: _____ Profession/Title: _____

Business Address in Japan: _____ Business Address in Japan: _____

Email: _____ Email: _____

Mobile Phone: _____ Mobile Phone _____

Sibling (s) Name	Age	School	Gender
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

School History: Please record the schools that your daughter attended from Kindergarten to present.

Grade	Date enrolled - Date left	Days per week	School Name	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



INTERNATIONAL SCHOOL OF THE SACRED HEART

4-3-1 Hiroo, Shibuya-ku, Tokyo 150-0012 Japan

Tel: 03-3400-3951 Fax: 03-3400-3496

E-mail: info@iss.ac.jp Web: <http://www.iss.ac.jp>

If your daughter has changed schools before, how did she respond to the change? _____

What are your daughter's academic strengths? _____

What subject or activity is she most interested in at school? _____

What are her weaker areas? _____

Is there any information you would like to give us to enable your daughter to receive the most of her time here at Sacred Heart?

Has your child received any support services? YES NO

If 'YES', check ALL of the appropriate programs or services below:

ESL/EAL Speech/Language Therapy Remedial/Learning Support Behavioral Management

Occupational Therapy Cognitive, Academic, or Neuropsychological Assessment Psychological testing/counseling

Other Please give details: _____

Medical Information:

1. Does your child have any medication, food or other allergies? YES NO

If so, describe: _____

2. Has your child had any accidents, illnesses or medical condition which may affect her participation in a normal school day? YES NO

If so, describe: _____

3. Has medication been prescribed by a doctor/specialist to support your child's physical needs? YES NO

If so, describe: _____

4. Is there any information you would like to give us to enable us to provide the best care possible during her time at Sacred Heart?

I certify that the information given above is correct and all relevant information about the applicant has been provided. I authorize the International School of the Sacred Heart to request further information from teachers when necessary.

Sacred Heart provides a safe environment for all students and adheres to a strict Child Protection Policy which all families are required to follow.

Parent Signature

Date

yyyy

mm

dd